

<b>Case Number:</b>	CM14-0041138		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/19/2007
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44 year old male who sustained an injury on 11/19/07 when a tractor pulled a trailer filled with dirt over the right foot. The injured worker was initially splinted and given crutches but required surgical intervention followed by revision procedure in 02/08. The injured worker was given custom orthotics for the right foot and reported intermittent numbness while driving in the right lower extremity at the foot. Continuing right foot pain was being managed with tramadol ER 150mg on as needed basis and topical analgesics. The injured worker was utilizing tramadol for more than one year. Clinical record on 02/26/14 noted that the injured worker continued to complain of pain in the right foot and ankle rating 6-7/10 visual analog scale. The injured worker described cramping numbness and tingling in the right upper extremity. The injured worker had been recommended for additional custom orthotics for the feet. The injured worker reported decrease in pain with tramadol ER 150mg and increased activity and improved sleep. Physical examination noted decreased range of motion of the right ankle with tenderness to palpation over the anterior talofibular ligament. There was no evidence of Complex regional pain syndrome. Strength was intact. The injured worker was recommended to continue with tramadol and topical LidoPro cream at this visit. Follow up on 04/14/14 noted that the injured worker was able to work full duty with custom orthotics. At this visit the injured worker utilizing over the counter or was only utilizing anti- inflammatories. Further evaluation on 05/28/14 noted the injured worker was continuing to take tramadol ER 150mg one to two times a week. With this the injured worker had been able to continue working. The requested tramadol ER 150mg #30 with two refills was denied by utilization review on 03/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Tramadol ER 150mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram)Opioids, long-term assessment: Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** Based on the clinical records it appears that the use of tramadol is very infrequent. Although there is evidence of functional improvement obtained with continuing use of tramadol due to infrequency of use for this medication it is unclear why there is a request for extensive number of refills. Based on the use frequency of use of tramadol in the clinical records the injured worker would not have required refills for this medication. Therefore, the request is not medically necessary and appropriate.